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Rev. 03/05/04

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>	<b>Complete if Known</b>	
	Application Number:	09/859,701
	Filing Date:	May 16, 2001
	First Named Inventor:	Benjamin P. Warner
	Title:	METHOD FOR DETECTING BINDING EVENTS USING MICRO-X- RAY SPECTROMETRY
	Group/Art Unit:	1641
Examiner Name:	Deborah A. Davis	
Attorney Docket No.:	S-94,661	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a) (1))	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a) (2))	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a) (3))	\$ <u>980.00</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a) (4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a) (5))	\$ _____

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 490.00.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized the charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-2150.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

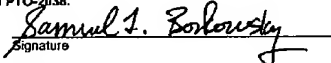
☒ attorney or agent of record. Registration Number 42,346.

☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_.

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

November 30, 2004 \_\_\_\_\_  
Date

(505)-665-3111  
Telephone Number

  
 Signature  
 Samuel L. Borkowsky  
 Typed or Printed Name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

☒ Total of 1 form is submitted.